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Psychological Evaluation at Juvenile Court Disposition

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Do psychologists' evaluations of juvenile offenders prior to dispositional placement have a measurable effect on judges' decision making? Is the nature of any such influence best explained by the quality of the written report, the relationship between the psychologist and the judge, or a combination of these and other factors? The current study attempted to address these issues by investigating the quality of 172 predisposition psychological evaluation reports from a Philadelphia-area juvenile court jurisdiction and the association between report quality and judges' recommendation acceptance. Results point to the need for practicing psychologists and judges to become more aware of the relevant domains of assessment for this type of evaluation and of what constitutes quality reporting within each domain.

Psychologists have been active participants in the juvenile justice system for nearly a century, providing both treatment and evaluative services for a number of psycholegal questions. Despite this long-standing relationship with the juvenile court, the issue of appropriate psychological evaluation procedures and their potential impact on the juvenile justice process has received relatively scant attention from researchers and practitioners. This is especially true concerning predisposition evaluations, which account for a large percentage of the work currently done by psychologists in juvenile court (Grisso, 1998). The purpose of these evaluations is to provide critical information about a juvenile that will assist in the postadjudication decision-making process. Unlike evaluations that are often mandated by law (e.g., the evaluation of a defendant claiming to be not guilty by reason of insanity), requests for predisposition evaluations are usually left to the discretion of judges, probation officers, or attorneys, depending on the jurisdiction in question.

Although an empirically validated "gold standard" for the predisposition evaluation of juvenile offenders remains elusive, experts have published manuals that practitioners may consult for instruction (e.g., Grisso, 1998; Hoge & Andrews, 1996; Melton, Petrila, Poythress, & Slobogin, 1987, 1997). These guidelines suggest that evaluations include detailed information about a juvenile's functioning across a wide range of contexts that are relevant to disposition decision-making and that a proper starting point for the acquisition of this information is a thorough review of the juvenile's file.

It is recommended that in addition to the file review, the juvenile's intellectual, academic, and vocational skills be evaluated, because these abilities are relevant to judgments about the adolescent's likely adaptation to his or her disposition environment (Melton et al., 1987, 1997). Personality functioning is also a recommended component of this evaluative process, because of potential implications for treatment responsiveness. Therefore, it is suggested that a personality measure be selected on the basis of the question before the court and the relevance of the measure to that question (Grisso, 1998; Hoge & Andrews, 1996). Heilbrun (1992) cautioned, however, that psychologists should infer from those instruments only what can be empirically substantiated.

In addition to cognitive and personality functioning, assessing what, if any, mental health needs an adolescent has can help disposition planning by narrowing the field of relevant treatment options (Quinn, 1992). A thorough evaluation of a juvenile's family is recommended to assess potential etiology of the delinquent behavior and to determine the support base that exists for the juvenile. Finally, evaluating resources (or lack thereof) in the juvenile's community can aid in clarifying disposition options, if community treatment is under consideration (Kissel & Freeling, 1990; Melton et al., 1987, 1997).

Communication about the results of a psychological evaluation in juvenile court frequently takes the form of a written report submitted to the judge and other personnel involved in the proceeding. The scant research in this area suggests that psychologists' recommendations do not have a significant impact on the disposition (Niarhos & Routh, 1992). Indeed, researchers (e.g., Stafford & Hill, 1987) have speculated that psychologists do not influence disposition decision-making but, rather, predict what judges' decisions will be. Consequently, these researchers maintain that evaluation reports are "pretense" in response to the juvenile court's mandate. However, although leading experts (e.g., Grisso, 1998; Melton et al., 1987, 1997) have stated that written reports must clearly communicate to the court relevant information about a juvenile's circumstances, no research has examined whether the quality of the written report affects its impact on the

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final disposition. Without such knowledge, it is difficult to examine the validity of claims that evaluation reports are mere pretense.

The present study assessed the quality of predisposition psychological evaluations in one juvenile court jurisdiction in order to examine whether the breadth and/or depth of the evaluations were associated with a judge's use of report recommendations. In particular, the research examined whether judges' decisions were more likely to reflect report recommendations when specific content areas were simply present or else present and judged to be of sufficient quality. Although we do not know whether the specific results obtained in this analysis are generalizable to other juvenile court jurisdictions, the study does present a method and standardized instrument that may be used by other researchers and court practitioners.

The Predisposition Evaluation Project

Method

The predisposition evaluations of 172 adolescent offenders processed through a Philadelphia-area juvenile court were analyzed for the present study. Eighty-six of these juveniles were referred for psychological assessment prior to disposition, and another 86 were referred for screening prior to disposition (which differs from formal assessment, in that it is based solely on interviews and not on full-scale testing). The purpose of both screening and assessment referral in this jurisdiction is to provide relevant information that will assist the judge in making a disposition decision. The reports evaluated represented the juvenile's first contact with a court psychologist for those screened; many of those referred for assessment had been referred previously for screening.

The predisposition evaluations were drawn from the cases processed by this jurisdiction between 1992 and 1996, and the sample included cases heard before both juvenile court judges sitting in this court. Of the roughly 1,200 cases this court processes in a given year, only 2–3% are referred for assessment, and the sample of juveniles referred for psychological assessment included all assessments conducted by the four clinicians contracted by this jurisdiction from 1992 to 1996 to provide evaluative services for which records were available. This juvenile court refers approximately 10–15% of adolescents each year for screening, and the sample of those referred for screening was a random sample of all such screenings conducted by these four clinicians during the same time period.

The assessed and screened samples were matched on gender and month in which the evaluation was conducted. Because the psychological functioning of females in the juvenile justice system is believed to differ significantly from that of their male counterparts (Kraus, 2001), it was important to ensure equal representation of male and female evaluation reports in each sample. This matching reduced the potential influence of a juvenile's gender on any observed difference in the breadth or depth of coverage between the two types of evaluation reports. Matching the assessed and screened samples with respect to the month of the evaluation ensured that evaluations from all four contracted clinicians were equally represented and took into account any possible cohort effects on dispositional recommendations. The four independent practitioners contracted by the court to conduct the assessment and screening evaluations were licensed psychologists in the state of Pennsylvania. Two of the clinicians conducted nearly all of the assessments, and another two clinicians conducted the screening evaluations.

Measures. The coding sheets for the assessment and screening reports were modeled on those designed by Petrella and Poythress (1983) and Heilbrun and Collins (1995). The coding manuals were based on the published recommendations of Barnum (1993), Grisso (1998), Hoge and Andrews (1996), and Melton et al. (1987, 1997), which are rooted in the belief that effective predisposition evaluations must provide critical information about a juvenile's functioning across contexts relevant to disposition decision-making. Therefore, we evaluated the following content areas in the assessment reports: family history, educational history, criminal history, mental health history, drug/alcohol history, cognitive functioning, and personality functioning.

The analysis was similar for screening reports except that the content areas of cognitive and personality functioning were replaced with juvenile interview and parent/guardian interview content areas. Although these detailed interviews with the juvenile and his or her parents/guardians were a central component of the screening process, they were not systematically completed (or reported) as part of the assessment process. Clinicians often relied on previous interviews for such information (i.e., previous screenings) and based recommendations primarily on the results of testing.

Information for each of the content areas was assessed for its presence or absence in the reports and for its quality (if present). Content areas were assigned a score of 0 if the area was absent, a score of 1 if the content area was present but insufficient, and a score of 2 if present and rated as being sufficient or better. In order to receive a score of 2, the content area in question had to meet or exceed the criteria recommended by the leading experts as being essential to explaining that particular aspect of a juvenile's functioning. If information about the content area was present but did not meet the recommended guidelines, a score of 1 was assigned. Figures 1 and 2 depict sample coding schemas from the assessment and screening manuals.

As part of our evaluation of the cognitive and personality functioning content areas of the assessment reports, we examined whether clinicians employed a standardized measure of intelligence, such as the Wechsler Intelligence Scale for Children—III (Wechsler, 1991), and a standardized measure of personality, such as the Minnesota Multiphasic Personality Inventory—Adolescent (Butcher et al., 1992) or the Millon Adolescent Clinical Inventory (Millon, Green, & Meagher, 1982). If a clinician failed to use a standardized measure of intelligence or personality, that content area was assigned a score of 1 (insufficient). If a standardized instrument was used, the information provided in the content area was the basis on which a score was assigned. Although the vast majority of assessments included a standardized measure of intellectual functioning, very few assessments included a standardized personality inventory. Rather, some form of projective personality testing was administered in a high percentage of cases.

The second crucial element in an effective predisposition evaluation is the extent to which a clinician synthesizes information about a juvenile's functioning across contexts to provide a clear and logical explanation for his or her disposition recommendations. According to Barnum (1993), Grisso (1998), Hoge and Andrews (1996), and Melton et al. (1987, 1997), a sufficient

Coding of Mental Health History
Code 0 (Absent) if:
Statement not present.

Code 1 (Insufficient) if:
a. Statement indicates prior mental health history (specifying disturbance, diagnosis or difficulty).

Or if:
b. Statement indicates that juvenile was the recipient of mental health services in the past (without specifying the nature of the difficulty).

Code 2 (Sufficient or better) if:
Statement includes ALL information from 1 **Plus all of following:**
a. An indication of the duration of difficulty (when services began and/or when diagnosis was made).
b. An indication of the course of treatment (therapy, medication, or both).

Or if:
c. Statement indicates no prior mental health history.

May also include, but not required:
d. An indication of the institution, service agency or mental health professional that juvenile was involved with.

Figure 1. Sample coding schema from mental health history content area of assessment and screening report manuals.

explanation not only highlights the salient issues that are relevant to the offending behavior but also makes clear a clinician's opinion about how and why a recommended course of action would impact both the underlying issues and the offending behavior. Therefore, a score of 0 was assigned if there was no explanation present, a score of 1 was assigned if the explanation did not sufficiently describe the logic behind the recommendation (e.g., juvenile has substance abuse problems and substance abuse treatment is recommended without specifying how proposed course of action is related to offending behavior in the present, in the past, or, potentially, in the future), and a score of 2 was assigned if the clinician made a sufficiently clear connection among the juvenile's underlying issues, the offending behavior, and the proposed course of action (e.g., the connection between a juvenile's substance abuse and offending behavior is clearly described, as is the ability of the proposed course of action to potentially mitigate these two factors). Similar to the scoring of the other content areas, a score of 2 was assigned only when the explanation met or exceeded the criteria recommended by leading experts.

Finally, in order to investigate the potential impact of these evaluations on judges' disposition decisions, we assessed the extent to which report recommendations matched the ultimate disposition. A report received a score of 0 (full rejection) if the disposition was completely different from the clinician's recommendation (e.g., the recommendation was placement in a job-training program and outpatient substance abuse treatment, and the disposition was placement in a juvenile correctional institution). A report received a score of 1 (partial acceptance) if the disposition reflected a scaled back or otherwise altered treatment recommendation (e.g., the recommendation was placement in a residential facility that provides individual and group substance abuse treatment, and the disposition was probation with mandated outpatient substance abuse treatment or placement in a residential facility that does not offer substance abuse treatment). A report received a score of 2 (full acceptance) if the disposition and report recommendation were the same.

Record and evaluation report coders. Two coders for this study (a doctoral student in clinical psychology and an undergraduate student majoring in psychology) were trained on coding procedures for the psychological evaluation variables and independently rated 10 assessment reports and 10 screening reports. Using a two-way mixed-model intraclass correlation, we computed initial interrater reliability. Variables for which there was 30% or greater disagreement between coders were identified, discrepancies were discussed, and coding differences were resolved. Each coder then rated an additional 10 assessment and screening reports. At the outset of the study, 1 of every 5 reports was coded jointly. After the first 20 reports in each category, 1 out of every 8 was coded jointly, resulting in an additional 10 assessment and 10 screening reports being coded for reliability. Table 1 displays intraclass correlation coefficients for assessment and screening report variables computed before and during the study.

Coding of Drug and Alcohol History

Code 0 (Absent) if:
Statement not present.

Code 1 (Insufficient) if:
Statement indicates current/prior drug and alcohol involvement
(Without specifying specific substance[s]).

Code 2 (Sufficient or better) if:
Statement includes ALL information from 1 **Plus:**
a. Specific substance(s) that juvenile has problem with
b. An indication about length of history (age when problem started and age when problem ceased [unless current]; If there is not a discussion of exact time frame of problem, then statement must give some indication of the chronicity of the problem).
c. Some mention of whether person has ever received treatment

Or if:
d. Statement indicates no drug and alcohol involvement.

May also include, but not required:
e. Detailed information about previous treatment for substance abuse problems (or absence of previous treatment).

Figure 2. Sample coding schema from drug and alcohol history content area of assessment and screening report manuals.

Table 1
Reliability Analysis for Intraclass Correlation Coefficients for Report Variables

Variable	Reliability		
	First check	Second check	During study
Assessment report			
Family history	.87	.98	.95
Educational history	.90	.94	.94
Criminal history	.88	.84	.88
Mental health history	.81	.88	.88
Drug/alcohol history	.86	.87	.91
Cognitive functioning	.77	.87	.87
Personality functioning	.62	.92	.90
Explanation of recommendations	.91	.93	.95
Recommendation acceptance	.78	.94	.92
Screening report			
Family history	.88	.93	.88
Educational history	.85	.88	.93
Criminal history	.86	.91	.91
Mental health history	.87	.91	.85
Drug/alcohol history	.92	.99	.99
Current functioning	.88	.92	.91
Interview with parent/guardian	.73	.86	.82
Explanation of recommendations	.68	.84	.87
Recommendation acceptance	.65	.83	.82

Results

Relationship between judges and clinicians. Chi-square analyses were run in order to determine whether judges' acceptance of recommendations varied as a function of the identity of the clinician conducting the evaluation. The analyses revealed that although one clinician had a greater proportion of assessment report recommendations fully accepted by judges, the relationship between the identity of the clinician conducting the assessment and recommendation acceptance/rejection was not statistically significant. The same held true for the analysis of screening report recommendations. Although one clinician had a greater proportion of screening report recommendations completely rejected by the judges, the relationship between the identity of the clinician conducting the screening and recommendation acceptance/rejection was not statistically significant. Chi-square analyses also revealed no statistically significant differences between the judges in the degree of their recommendation acceptance.

However, it is important to note that a large percentage of recommendations were fully accepted across both types of reports. This was a surprising finding, given the variety of factors that can affect whether recommendations are implemented (e.g., the availability of the proposed services, the financial resources of the particular jurisdiction, etc.). Therefore, it is possible that the observed degree of recommendation acceptance reflects the judges' close relationships with all four contracted clinicians in this jurisdiction.

Report recommendations and ultimate disposition. Table 2 depicts the percentage of assessment reports in which each content

Table 2
Percentage of Assessment Reports in Which Content Areas Were Present and Rated as Being Sufficient or Better

Content area	Percentage of reports	
	Content areas present	Content areas sufficient or better
Family history	91	63
Educational history	80	35
Criminal history	29	22
Mental health history	44	10
Drug/alcohol history	38	23
Cognitive functioning	99	23
Personality functioning	100	31
Explanation of recommendations	91	58

area was included and in which it was rated as being sufficient or better. Chi-square analyses were conducted to investigate the relation between quality and relevance of the eight assessment report content areas and judges' acceptance of the report recommendations. Table 3 depicts chi-square values for the assessment report variables in relation to the judges' use of treatment recommendations. Judges were more likely to fully accept recommendations from reports in which the explanation of the recommendations was rated as being sufficient or better.

In order to examine the independent contribution of each content area in understanding judges' acceptance of report recommendations, we performed a direct logistic regression analysis, with judges' acceptance of recommendations as the dependent variable, and the quality of information present in each of the eight content areas as predictor variables. Because there were only five cases in which judges fully rejected recommendations, these cases were excluded from the regression analyses due to the possibility of inflated error terms. Therefore, the dependent variable was dichotomized into partial or full acceptance. Ratings of three predictor variables—statement of criminal history, statement of family history, and explanation of recommendations—had to be collapsed into dichotomous categories of absent/insufficient and sufficient or better because of the small number of cases in certain cells.

A test of the full model was statistically significant, $\chi^2(11, N = 81) = 20.84$, $p < .05$, indicating that the content areas, as a set, reliably predicted full and partial recommendation acceptance. Table 4 shows regression coefficients, standard errors, Wald statistics, significance levels, partial correlations, and expected beta values for the predictor variables. Prediction success was moderate, with 60% of judges' partial acceptance of the recommendations correctly predicted, and 74% of judges' full acceptance of the recommendations correctly predicted, for an overall success rate of 68%. The only variable independently associated with recommendation acceptance was mental health history. Specifically, judges were more likely to fully accept recommendations from reports in which this content area was present, regardless of assessed quality.

Table 5 depicts the percentage of screening reports in which each content area was present and in which it was rated sufficient or better. Judges were more likely to fully accept recommendations from reports in which the drug and alcohol history section was present, regardless of whether the information was sufficient. Judges were also more likely to fully accept recommendations from reports in which the results of the interview with the juvenile were present, regardless of assessed quality. Table 6 depicts chi-square values for the screening variables in relation to the judges' use of treatment recommendations.

A direct logistic regression analysis was run, with judges' acceptance of treatment recommendations in screening reports as the dependent variable and information on the presence and quality of the eight content areas as predictor variables. As in the case with assessment reports, the number of cases in which recommendations were fully rejected was small (eight), and these cases were excluded from the regression analyses because of the possibility of inflated error terms. Therefore, the dependent variable was dichotomized into partial or full acceptance. Ratings of one predictor variable—statement of family history—had to be collapsed into dichotomous categories of absent/insufficient and sufficient or better because of the small number of cases in certain cells. A test of the full model with all predictors was not statistically significant, $\chi^2(15, N = 78) = 19.30$, $p = .20$, indicating that the content areas, as a set, did not reliably predict full and partial recommendation acceptance.

Observed differences between assessment and screening reports. The results indicated that clinicians who wrote screening reports placed a greater emphasis on describing a juvenile's functioning across contexts than on explaining the logic behind their disposition recommendations, whereas clinicians who wrote assessment reports placed a greater emphasis on explaining their disposition recommendations than on describing a juvenile's functioning (see Tables 2 and 5). This makes intuitive sense, given that referral for screening and the referral for assessment represent two distinct points in the process of contact with a court-appointed evaluator in this jurisdiction. However, for the small number of cases in this jurisdiction in which a juvenile is referred for assessment without previously being referred for screening, there is the potential for a less than complete understanding of a juvenile's functioning.

Strength and limitations of study. It is important to again emphasize that because the court in question was relatively small in terms of cases processed and system personnel (i.e., judges and clinicians), we do not suggest that these results generalize to other juvenile court jurisdictions. Rather, the study offers a systematic method for examining the relation between evaluation reports and judges' dispositions while accounting for report quality and rele-

Table 3
Chi-Square Values for Assessment Report Content Areas Tested for Association With Judges' Acceptance of Recommendations

Variable	$\chi^2(86)$	*df*
Family history	0.85	2
Educational history	6.56	4
Criminal history	5.50	2
Mental health history	6.05	4
Drug/alcohol history	2.03	4
Cognitive functioning	1.81	2
Personality functioning	0.52	2
Explanation of recommendations	6.77**	2

** $p < .001$.

Table 4
Logistic Regression Values for Assessment Report Content Areas Tested for Association With Judges' Acceptance of Recommendations

Variable	β	*SE*	Wald	*df*	*p*	*R*	Expected β
Family (suff. or better)	1.084	0.6588	2.707	1	.0999	.0799	2.957
Education			4.792	2	.0911	.0846	
Education (insuff.)	−1.239	0.7952	2.427	1	.1193	−.0621	0.290
Education (suff. or better)	0.526	0.6871	0.585	1	.4443	.0000	1.691
Criminal (suff. or better)	−0.492	0.6903	0.507	1	.4763	.0000	0.612
Mental			6.704	2	.0350	.1562	
Mental (insuff.)	−3.752	1.522	6.075	1	.0137	−.1918	0.024
Mental (suff. or better)	−4.128	1.599	6.664	1	.0098	−.2052	0.016
Drug			3.317	2	.1904	.0000	
Drug (insuff.)	1.585	0.8743	3.287	1	.0698	.1078	4.880
Drug (suff. or better)	1.265	0.9588	1.742	1	.1868	.0000	3.545
Cognitive (suff. or better)	0.786	0.6617	1.410	1	.2351	.0000	2.194
Personality (suff. or better)	0.579	0.6179	0.877	1	.3490	.0000	1.784
Explanation (suff. or better)	−1.041	0.556	3.501	1	.0614	−.1163	0.353
Constant	2.130	1.540	1.912	1	.1668		

Note. Predictor variables were entered in SPSS using the indicator method and contrasted against the first level of each predictor (absent or absent/insufficient). Suff. = sufficient; insuff. = insufficient.

vance with the assistance of a coding scheme based on published recommendations from leading experts. This method could prove useful in future studies designed to provide detailed information about practicing psychologists' involvement with, and impact on, the juvenile justice process. Indeed, obtaining a baseline for report quality and learning how judges in other jurisdictions use information from psychological reports are matters worthy of empirical attention.

Implications and Applications

Many clinical researchers have speculated that psychological evaluations may be an unnecessary part of the juvenile justice process because evaluation reports have little impact on judicial decision-making (e.g., Niarhos & Routh, 1992). The results of the present study suggest that such speculation may be premature and that a systematic method for evaluating report quality may help unravel the question of how juvenile court judges actually use data from psychological reports. Such information would be invaluable to the professional development of practicing psychologists called upon to make psycholegal recommendations about youth involved in the justice system.

Providing evaluative services within the framework of the juvenile court requires specialized knowledge and skill not typically received in most generalist clinical training programs. Without such knowledge, critical aspects of a youth's functioning related to the psycholegal questions at hand can be overlooked. For example, in the current study, many reports lacked information about a youth's criminal, mental health, and drug and alcohol histories. This is especially troubling, given that these three content areas have been empirically linked to the prediction of recidivism, an issue of great importance when attempting to determine an appropriate disposition (Stouthamer-Loeber & Loeber, 1988).

Although knowledge of the relevant domains of assessment within the context of the juvenile court is a necessity, such knowledge alone is not sufficient to produce a quality report. Psychologists must also understand how to best assess these domains and how to report findings in a manner useful to the referring party. As demonstrated in the current study, even the content areas that were present in the evaluation reports generally did not provide sufficient detail in the majority of cases. This is of particular impor-

Table 5
Percentage of Screening Reports in Which Content Areas Were Present and Rated as Being Sufficient or Better

	Percentage of reports	
Content area	Content areas present	Content areas sufficient or better
Family history	97	93
Educational history	93	81
Criminal history	62	48
Mental health history	79	60
Drug/alcohol history	71	47
Current functioning	83	40
Parental interview	81	60
Explanation of recommendations	27	7

Table 6
Chi-Square Values for Screening Report Content Areas Tested for Association With Judges' Acceptance of Recommendations

Variable	$\chi^2(86)$	*df*
Family history	0.46	2
Educational history	0.52	4
Criminal history	2.85	4
Mental health history	4.19	4
Drug/alcohol history	15.15*	4
Current functioning	14.25*	4
Parental interview	6.65	4
Explanation of recommendations	4.55	4

* $p < .01$.

tance, because most judges and other legal professionals are not trained to be able to differentiate adequate and inadequate evaluation reports. This can result in the reliance upon less than satisfactory information, as can be seen in the current study's finding that judges more frequently implemented recommendations from reports in which information about a youth's mental health history was present, regardless of whether the information was sufficient according to expert guidelines. Thus, judges may be more influenced by the mere presence of information in certain content areas than by the actual quality of the information provided.

Professional training (i.e., attendance at conferences, seminars, and other avenues of continuing education) focused on the unique issues associated with performing juvenile forensic psychological evaluations is a first step toward increasing practitioners' knowledge of the relevant domains of assessment, how to best assess each domain, and how to report results in a useful fashion for legal professionals. Division 41 of the American Psychological Association, the American Psychology Law Society (APLS; www.unl.edu/ap-ls/), is an outstanding resource for information on professional development opportunities in the area of forensic psychology. In addition, the "guidelines" discussed in this article are available to practitioners as published manuals. Two in particular, Grisso's (1998) *Forensic Evaluation of Juvenile Offenders: A Manual for Practice* and Melton et al.'s (1997) *Psychological Evaluations for the Courts: A Handbook for Mental Health Professionals and Lawyers,* should serve as references for every practicing psychologist involved in the juvenile justice system.

Professional training opportunities for judges and other legal professionals that concentrate on assisting them in becoming more educated consumers of psychological products are also available. Although we do not wish to discourage legal professionals from relying on practicing psychologists with whom they have developed personal relationships, we do believe that legal professionals should have a more complete understanding of what is reasonable to expect in an evaluation report. To that end, the American Bar Association Juvenile Justice Center has developed a juvenile court training curriculum for legal professionals that addresses issues such as adolescent development and the clinical assessment of juvenile offenders. This training is provided by psychologists with expertise in practicing within the juvenile justice system (information about the curriculum can be accessed at www.abanet.org/crimjust/juvjus/macarthur.html).

Although we believe the current study to be an important initial step toward better understanding the function of psychological evaluation in the juvenile justice process, it is evident that continued work at this juncture of law and psychology is needed. Although no empirically validated gold standard yet exists, providing some general consensus about what constitutes sound psychological report writing in the juvenile court has profound implications for future training of clinicians and judges alike. By shedding further light on the practice, quality, and use of psychological evaluation in juvenile court, we may be able to further define the role and impact of practicing psychologists in legal decision-making.

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